

**Managed Risk Medical Insurance Board
May 9, 2012, Public Session**

Board Members Present: Clifford Allenby, Chairperson
Richard Figueroa
Samuel Garrison
Ellen Wu

Ex Officio Members Present: Jack Campana, Chairman of the Healthy Families
Advisory Panel
Mike Wilkening, Designee for the Secretary of the
Health and Human Services Agency
Shelley Rouillard, Designee for the Secretary of the
Business, Transportation & Housing Agency

Staff Present: Janette Casillas, Executive Director
Terresa Krum, Chief Deputy Director
Ellen Badley, Deputy Director, Benefits &
Quality Monitoring
Ernesto Sanchez, Deputy Director, Eligibility,
Enrollment & Marketing
Jeanie Esajian, Deputy Director, Legislative &
External Affairs
Tony Lee, Deputy Director, Administration
Laura Rosenthal, Chief Counsel, Legal
Lance Davis, Senior Staff Counsel, Legal
Mary Watanabe, Manager, Benefits & Quality
Monitoring
Donna Lagarias, Research Program Specialist
Antonio Dacanay, Research Program Specialist
Kim White, for Maria Angel, Executive Assistant to the
Board and the Executive Director
Elva Sutton, Board Assistant

Public: Holly Escareno, 100% Campaign
David Ford, California Medical Association
Thien Lam, Deputy Director for Eligibility and
Enrollment, California Health Benefit Exchange
John Ramey, Local Health Plans of California

Chairman Allenby called the meeting to order at 10:05 a.m. The Board went into Executive Session and resumed the public session at 11:30 a.m.

REVIEW AND APPROVAL OF MINUTES OF APRIL 18, 2012 PUBLIC SESSION

The minutes of the April 18, 2012 meeting were deferred to the May 23, 2012 meeting.

FEDERAL BUDGET, LEGISLATION AND EXECUTIVE BRANCH ACTIVITY (Including Healthcare Reform & Budget)

Jeanie Esajian reported on Agenda Item 4, Federal Budget, Legislation and Executive Branch Activity, including Healthcare Reform and Budget. She explained the four items that were included in the Board packet.

Chairman Allenby asked if there were any questions or comments from the Board or the audience. There were none.

The documents on the Federal Budget, Legislation, et al., can be found at:
http://www.mrmib.ca.gov/MRMIB/Agenda_Minutes_050912/Agenda_Item_4_MX_7001N_20120509_094048.pdf

EXTERNAL AFFAIRS UPDATE

Ms. Esajian reported on Agenda Item 5, the External Affairs Update. As a follow-up to the 90-day media value report presented at the February meeting, a second 90-day period was reported, for a total of 180 days. The estimated value of media that was either in traditional or electronic print for the 180 days was \$473,000. Without the ability to calculate the exact value of electronic media, the value of two major televised news stories that appeared on NBC news in Los Angeles and KQED radio in the bay area was conservatively estimated to increase the total media value for the 180-day period to approximately a half million dollars; all of this coverage was on the pre-existing condition insurance plan.

Chairman Allenby asked if there were any questions or comments from the Board or the audience. There were none.

The document on the External Affairs Update is located at:
http://www.mrmib.ca.gov/MRMIB/Agenda_Minutes_050912/Agenda_Item_5_EA_Update_05_09_12.pdf

STATE BUDGET UPDATE

Janette Casillas noted that there would not be a State Budget Update because the May Revision will be presented shortly. However, she introduced Holly Escareno of the 100% Campaign, who addressed the Board.

Ms. Escareno reported that, the previous day, a news release was issued that opposed the Governor's proposal to shift all Healthy Families Program children to Medi-Cal. The news release was endorsed by 40 groups who support the

alternative to shift only the children with family incomes up to 133 percent of the Federal Poverty Level. She said Michelle Stillwell-Parvensky is the groups' contact for any follow-up questions the Board may have.

Chairman Allenby asked if there were any questions or comments from the Board. Richard Figueroa thanked the group for its thoughtful approach to the issue. Chairman Allenby asked if there were any questions or comments from the audience. There were none.

The document on the State Budget Update is located at:

http://www.mrmib.ca.gov/MRMIB/Agenda_Minutes_050912/Agenda_Item_6_Health_Families_Statement_of_Support_FINAL.pdf

Mr. Figueroa noted that Mr. Allenby had recently been awarded the Lifetime Service Award from the American Society for Public Administration. He said this was a high honor rarely bestowed by the Society. He said the award was very well deserved by Chairman Allenby and should not go unrecognized by the Board. Ms. Casillas congratulated Chairman Allenby on this high honor.

STATE LEGISLATION

There was no report for this agenda item.

PRE-EXISTING CONDITION INSURANCE PLAN (PCIP) UPDATE

Utilization Reports

Mary Watanabe presented Agenda Item 8.a, PCIP Utilization Reports. Ms. Watanabe announced that enrollment in the Pre-Existing Condition Insurance Plan passed the 10,000 mark and that, only two days previously, the Spanish language websites for both PCIP and MY PCIP were launched. She thanked MRMIB staff and staff of vendors Maximus and Health Now for the diligence and hard work that went into launching these sites.

Ms. Watanabe indicated that the PCIP utilization report covers the first quarter of 2012 (January-March) and the cumulative report covers the period from inception through the end of March 2012. She pointed out one minor change from the reports previously presented: under Total Medical Utilization, staff reports the actual number of in-patient admissions and other services. In prior reports, staff reported that data as a ratio per 1,000. Staff considered that the change would be more useful to the Board.

Ms. Watanabe indicated that a comparison of the quarterly report to the inception to date report shows that more than one-third of total utilization occurred in the first quarter of the fall of 2010, showing the effects of the increase in enrollment. For the first quarter of 2012, in-patient services accounted for 51 percent of payments, out-patient services were 42 percent, and prescriptions were 7 percent. In the "inception to date" report, prescriptions were almost 9 percent of total payments and in-patient services were 49 percent.

In both reports, the top diagnosis procedure and prescriptions as a percentage of payments were primarily related to cancer. Generic drugs continued to account for approximately 75 percent of prescriptions, but brand name drugs accounted for approximately 75 percent of the cost. The top three diagnosis categories for in-patient hospitalizations continued to be related to pregnancy, cancer and heart conditions.

Chairman Allenby asked if there were any questions or comments from the Board. Ellen Wu expressed her appreciation to staff for working on outreach for the Chinese-speaking population very quickly and connecting with the American Cancer Society on that issue. Chairman Allenby asked if there were any questions or comments from the audience. There were none.

The PCIP Utilization Report can be found at:

[http://www.mrmib.ca.gov/MRMIB/Agenda_Minutes_050912/Agenda_Item_8.a.Utilization_Report.pdf](http://www.mrmib.ca.gov/MRMIB/Agenda_Minutes_050912/Agenda_Item_8.a_Utilization_Report.pdf)

Utilization Fact Sheet: Cancer Related Services

Antonio Dacanay reported on Agenda Item 8.b, the Utilization Fact Sheet: Cancer Related Services. The Fact Sheet presents an overview of cancer-related services since PCIP inception in October 2010 through March 2012. The Fact Sheet utilizes the term "neoplasm," which is any abnormal growth of new tissue, malignant or benign; the term includes all forms of cancer. There has been interest in a Fact Sheet on these services, since the foremost reason for in-patient hospitalization has been for cancer-related services; it is also the leading diagnosis procedure and prescription.

Data for claims from October 2010 through March 2012 show that the program paid \$27.5 million or 21 percent of the total \$129 million in PCIP claims, for cancer-related claims. The average claim paid per subscriber receiving cancer-related services was approximately \$17,500, compared to \$14,100 in average claims paid for other PCIP subscribers; this amounts to an approximate 20 percent difference. Average total premiums paid per subscriber receiving cancer-related services was approximately \$3,200, or about 30 percent higher than the average total subscriber premium of \$2,200. Of the \$27.5 million in claims paid for cancer-related services, the top three neoplasm subcategories, representing 45 percent of those claims, were malignant neoplasm of genitourinary organs; malignant neoplasm of bone, connective tissue, skin and breast; and benign neoplasms.

A total of 1,574, or about 17 percent of PCIP subscribers, received cancer-related services. The average length of enrollment for these subscribers was 7.3 months. Subscribers overall were enrolled an average of 5.8 months. Of the 1,574 subscribers who received cancer-related services, 246, or 16 percent, have disenrolled, with the vast majority – 71 percent – because of nonpayment of premium.

60 percent of PCIP subscribers receiving cancer-related services were female and 40 percent were male. Of this group, 54 percent were age 50 to 64. This contrasts with PCIP subscribers overall; only 21 percent of PCIP subscribers overall were in

the 50 to 64 age group. Mr. Dacanay acknowledged the assistance of the MRMIB IT Program Unit for providing the data needed in preparing the Fact Sheet.

Chairman Allenby asked if there were any questions or comments from the audience. Mr. Figueroa thanked Mr. Dacanay for the work done on the Fact Sheet, given the relatively high percentage of subscribers who have neoplasms and the relevant costs. He and Chairman Allenby commented that the program is serving the population it is supposed to be serving.

The PCIP Utilization Fact Sheet: Cancer Related Services can be found at: http://www.mrmib.ca.gov/MRMIB/Agenda_Minutes_050912/Agenda_Item_8.b_Utilization_Fact_Sheet_Cancer_Related_Services.pdf

MAJOR RISK MEDICAL INSURANCE PROGRAM (MRMIP) UPDATE

Final Adoption of Regulations Related to MRMIB Paid Surrogacy Exclusion

Ellen Badley reported on Agenda Item 9.a, Final Adoption of Regulations Related to MRMIB Paid Surrogacy Exclusion. She indicated that the package included the proposed regulatory language changes, the comment letters and staff responses. Staff proposed that the Board consider the comments received and staff responses that were prepared, and that the Board adopt the regulations included in the Board packet.

The purpose of the proposed regulation is to exclude paid surrogacy as a covered MRMIP benefit. The regulations were approved on an emergency basis last fall and were effective for members who enrolled in the program with effective dates on or after February 1, 2012. MRMIB issued formal regulations for a 45-day comment period, which closed March 28. During that comment period, MRMIB received letters from four organizations: Kaiser Permanente, California Medical Association, the American Society for Reproductive Medicine and the American Congress of Obstetricians and Gynecologists.

Ms. Badley indicated that three commenters requested that the proposed regulation be changed to protect physicians who act in good faith and provided services to MRMIP subscribers. MRMIB accepted that comment and amended the proposed regulation to clarify that plans shall not withhold or seek reimbursement from participating providers acting in good faith if the providers render maternity services to a subscriber who has entered into a paid surrogacy agreement when the provider has not been notified that the mother had entered into such an agreement.

She stated that MRMIB re-issued the regulations for a 15-day comment period, which closed on April 27. MRMIB received two additional letters in response to that 15 day notice. MRMIB did not accept those comments. She indicated that the final regulations were before the Board for approval.

Chairman Allenby asked if there were any questions or comments from the Board. Mr. Figueroa said he appreciated the work done by staff on this issue and noted that staff very carefully reviewed the comments. He said some of the comments

made would have resulted in the Board's entering into relationships that the Department of Managed Health Care generally does not permit Evidence of Coverages (EOCs) to cover, for example, provider-patient relationships. He indicated that he understood the reasons for the comments and their tenor, but that that, in some cases, they addressed relationships that MRMIB, as a purchaser, cannot easily regulate

Ms. Casillas said that this was correct and that staff wanted to make sure that MRMIB remained a purchaser, not the enforcement agency. She indicated that, if issues are presented to staff, MRMIB is able to refer them to enforcement agencies. The proposed regulations support the fact that MRMIP does not cover these services as a benefit. Mr. Figueroa emphasized that the Board was trying to be sensitive to its role as a purchaser and not get into more questionable areas.

Chairman Allenby asked if there were any questions or comments from the audience. David Ford of the California Medical Association publicly thanked Ms. Badley and her staff for addressing CMA's concerns with the language in the regulation. Chairman Allenby asked for a motion to approve the resolution included in Agenda Item 9.a to adopt the Regulations Relating to MRMIP Paid Surrogacy Exclusion. The motion was made, seconded and unanimously adopted.

The Resolution Related to MRMIP Paid Surrogacy Exclusion is located at: http://www.mrmib.ca.gov/MRMIB/Agenda_Minutes_050912/Agenda_Item_9.a_ER_6_11_Final_Adoption_of_MRMIP_Paid_Surrogacy_Exclusion_Regulations.pdf

2011 Open Enrollment Report

Ernesto Sanchez reported on Agenda Item 9.b, the 2011 Open Enrollment Report. He said that annual open enrollment allows subscribers to make a plan choice for the new calendar year. MRMIB creates and sends each subscriber a customized packet that depicts the subscriber's options and includes a satisfaction survey. This year's survey separated out one question to obtain a better response about how well subscribers rated their providers and specialists.

Mr. Sanchez indicated that, in general, the number of subscribers changing plans is small and that this year it was 1.3 percent, slightly down from the past couple years. About 7.6 percent of subscribers returned their satisfaction surveys even though they were not changing plans. About 94 percent of respondents indicated that they were satisfied with the level of services received from their plan and 97 percent indicated they were satisfied with the service received from their providers.

Open enrollment statistics showed that 83 percent of subscriber transfers were to Kaiser, which is the most affordable health coverage option within MRMIP. Some transfers went to the PPO product, which provides a wider provider network. Within the satisfaction survey, 89 percent of subscribers who were changing plans said that they were satisfied to extremely satisfied with the plans they were leaving. Subscribers who were not changing plans were satisfied at an even higher rate: 94 percent. The survey results also validated the known issue that influences subscribers' transition from one MRMIP plan to another: they no longer can afford the premiums.

Chairman Allenby asked if there were any questions or comments from the Board or the audience.

Mr. Figueroa said it would be interesting to see whether subscribers were leaving MRMIP and waiting for six months to become eligible for PCIP because of the premium cost. Mr. Sanchez said, anecdotally, that staff has heard subscribers ask questions about doing this. Chairman Allenby said the price differential between the two plans is not insignificant.

Mr. Sanchez said that, while staff can provide subscribers with information about the cost differences in the plans, they would never recommend that a subscriber drop coverage. He said staff would work with its vendors to determine whether there is a way to research Mr. Figueroa's question.

The MRMIP 2011 Open Enrollment Report is located at:

http://www.mrmib.ca.gov/MRMIB/Agenda_Minutes_050912/Agenda_Item_9.b._2011_MRMIP_Open_Enrollment_Resutls_Transfer_and_Survey_FINAL.pdf

HEALTHCARE REFORM UNDER THE AFFORDABLE CARE ACT

Ms. Casillas asked Thien Lam to present Agenda Item 10 before she joins the California Health Benefit Exchange as its Deputy Director for Eligibility and Enrollment. Ms. Lam thanked the Board for its leadership and mission, and for the opportunity to serve.

In reporting on Agenda Item 10, Ms. Lam said the Exchange was still in the process of selecting a vendor for the CalHEERS contract. CalHEERS, or the California Healthcare Eligibility Enrollment and Retention System, is the online application and rules engine designed to assist individuals, families and small employers in obtaining affordable healthcare coverage under the Affordable Care Act (ACA). During the April 26 Exchange meeting, the Exchange Board directed staff to consider the option of using the Federal/State Partnership Model in which the federal government would help provide services to states for certain functions, such as the portal, service center, or outreach efforts. This approach would allow a state to implement its own functions, while receiving federal support in other areas. The Federal/State Partnership Model would be an interim process until states were able to implement their state based model autonomously. At the May 15 Exchange Board Meeting, there will be additional discussions, engagements and potential Board action regarding the option of the Federal/State Partnership Model. She noted there are three different models: the Federally Administered Model, in which the federal government operates the model completely for states that have not enacted ACA-implementation legislation; the State Model; and the Federal/State Partnership Model.

Chairman Allenby said that, because the options are all complex; he stated that a state might be forced to select one option but might not want to because of certain conditions. Ms. Lam said that this was correct; she indicated that the following week's Exchange Board meeting would focus heavily on this topic.

Chairman Allenby asked if there were any other questions or comments from the Board.

Mr. Figueroa said he was pleased that Ms. Casillas has been able to participate in Exchange discussions and bring some of the history and experience of MRMIB to that process.

Ms. Lam then provided an update on the Outreach and Education Assistance Program. The Exchange Board, with participation from the Department of Health Care Services and MRMIB as project sponsors, awarded a contract to a consultant to help design and develop a robust statewide outreach and education campaign plan that takes into account the diverse cultural and geographic population of California. The plan also includes an Assisters program. She said the three agencies, MRMIB, DHCS and the Exchange, meet weekly with contractors. She indicated that the group is identifying strategies and approaches related to messaging; identifying target populations and market segments; and forming partnerships with community- and faith-based organizations; other state departments, such as the Employment Development Department and Franchise Tax Board; labor unions, and other entities. The partnerships and their return on investment are under discussion, as are the roles and responsibilities of the Assisters Program and eligibility requirements for Assisters.

There will be a stakeholder webinar on May 16 to discuss some options under consideration. The three departments will solicit stakeholder feedback on some of the options under development. Once the departments receive stakeholder options, they will reviewed the options and move forward to present actual options for the Exchange Board's consideration. This will happen in the near future, possibly at the May 22 Board meeting.

Chairman Allenby asked if there were any questions or comments from the audience.

Ms. Rouillard asked for the time of the May 16 webinar. Ms. Lam said it the anticipated time is 9:30 a.m. to 12 noon. A list-serve notification was sent out last week.

Ms. Lam provided an update on AB 1296, the Healthcare Eligibility Enrollment and Retention Act. This bill would require the California Health and Human Services Agency, in consultation with such departments as MRMIB, DHCS, the Exchange, the Office of Systems Integration, as well as counties' healthcare services plans, consumer advocates and other stakeholders, to undertake a planning and development process to implement ACA requirements. Specifically, this process would address eligibility enrollment and retention systems, potential development of a single state application, the question whether to allow hospitals to enroll infants who are deemed eligible into Insurance Affordability Programs, data collection protections for the confidentiality of personal information and health plan selection processes.

Agency and DHCS are leading this particular effort and, to date, an organized planning group has been identified and stakeholder meetings scheduled from April

through June. During this time, stakeholders will have the opportunity to provide important feedback in these specific areas. Staff has been and will continue to be heavily involved in this process and a report to the Legislature is due on July 1, to identify any key policy issues for consideration.

Chairman Allenby asked if there were any further questions or comments. He told Ms. Lam she would be missed. Ms. Lam said she would miss the Board, MRMIB staff and Executive Management.

HEALTHY FAMILIES PROGRAM (HFP) UPDATE

2010 Dental Quality Report

Donna Lagarias reported on Agenda Item 11.b, the HFP 2010 Dental Quality Report. Performance on dental measures improved again in the Healthy Families Program, despite the fact that Delta Dental, HFP's highest performing plan, was not accepting new enrollment in the state's larger metropolitan areas.

HFP dental measures were revised in 2007, so there are now three years of data in the trend tables. The report gives values by plan and plan type for each measure and provides demographics for dental visits by race, ethnicity and by county. In both cases the numbers are split out by plan type.

At 60 percent, the annual dental visit rate has improved only slightly in the year since the new dental measures were introduced. The rate for visits to the dentist was fairly consistent throughout the 12 years of HFP. A low of 56 percent was measured in 1999, and the high of 62 percent in 2006. Nearly 97 percent of children who visited the dentist for any reason also received an oral health exam or preventive service, such as cleanings or fluoride treatment. Exams and preventive services increased significantly each year. In 2010, more than 58 percent of continuously enrolled subscribers received an exam and/or preventive care, such as teeth cleaning, and most children received both.

The report found that continuity of care was very high in HFP. Four out of five children who received an exam and/or a cleaning in 2009 also received an exam and/or cleaning in 2010. There were improvements in dental visits and a decrease in fillings for children aged two to three and four to six, as well as improvements in fluoride treatments and sealants for the younger children. Dental plans have partnered with MRMIB over the last several years in efforts to make improvements for children six and under. Somewhat surprising was the range of rates for fillings, depending on the county where a child lives. Large counties filling rates ranged from 34 to 48 percent, while smaller counties ranged from 29 to 55 percent.

The report also included key items from the Dental Consumer Assessment of Healthcare Providers and Systems (D-CAHPS®) outcomes, which was taken by more than 2,000 HFP families last spring. Parents' satisfaction with their children's dentists and dental plans was significantly higher than in the last survey done in 2008. More than 90 percent of respondents reported having a regular dentist for their child, 75 percent gave their children's dentists a score of eight to 10 on a scale of zero to 10, and 71 percent of families gave their dental plan a score of

eight to 10. Families' opinions of their children's oral health were not significantly different from the information provided in the survey three years ago. Half of the families rated their children's oral health as excellent or very good and approximately 15 percent rated their children's oral health as fair or poor.

The 2012 Consumer Survey, which is in the field now, asks families to identify a reason if they report their children have not been to the dentist in the past year. The answer options provided are perception and necessity, time off work, difficulty in locating a dentist, dentist too far away, or a fill-in-the-blank option.

MRMIB has just completed an oral health initiative focusing on young children; the initiative was funded by the California HealthCare Foundation. MRMIB also is beginning a new program funded by the DentiQuest Foundation; the new program will focus on improving utilization of dental services. Finally, HFP dental plans are in a testing phase for submitting encounter data, which will allow MRMIB, for the first time, to be able to monitor dental services for every child, not just those who are continuously enrolled. Ms. Lagarias concluded by thanking the HFP dental plans for this undertaking and by recognizing the enormous effort they make on behalf of HFP children.

Chairman Allenby asked if there were any questions or comments from the Board or the audience.

Shelley Rouillard said she was pleased to see improvement in the rates of care that plans have provided. She commented to audience members representing plans and expressed the hope that they could provide the same support for Medi-Cal children who need the help and dental services as well. She congratulated them and stated that she looked forward to continued improvements.

Mr. Figueroa said he appreciated the improvements made and pointed to the opportunity for targeted improvements provided by the DentiQuest Foundation funding. He asked how many CHIPs participate in D-CAHPS[®]. Ms. Casillas said it was her understanding that Healthy Families was the only one in the nation, so there was no way to make a comparison with other programs.

Ms. Rouillard said that MRMIB has been a leader in the dental area nationally, and that when she served as MRMIB's Deputy Director for Benefits and Quality Monitoring, she received numerous calls from other states about how MRMIB was delivering and measuring its dental services. Mr. Figueroa noted that it took MRMIB two to three years to receive the authority to obtain individual claims data that would allow the Board to offer even better services in the future.

Ms. Casillas said it had been a very long effort, and that MRMIB can point with pride to its partnership with dental plans serving HFP. Results are not accomplished by simply filling cavities; prevention and parent education are key, and this includes changing either oral health habits or nutrition. MRMIB has made very strong strides, not only in data reporting, but also in health plan contracts and in monitoring and collaboration with the plans. The plans are doing a good job.

Ms. Casillas stated that MRMIB will continue to focus on oral health and has just started a new initiative with the DentiQuest Foundation grant. Staff has just returned from holding six stakeholder meetings in San Diego, Long Beach and San Bernardino with 75 participants that included dental plans, some of which do not contract with MRMIB. The purpose of the meeting was a broad discussion to glean out-of-the-box ideas that could be explored to improve oral health. In addition to dental plans, other groups represented in these meetings included health plans, medical and dental providers, community associations, advocacy groups, community clinics, county organizations, dental schools, hospitals and academic and researchers. MRMIB asked participants to provide feedback on different ideas for pilots, projects and other innovative ideas that can be used to improve the oral health status of HFP children. Staff will analyze these ideas and present them to the Board at a future meeting.

John Ramey of the Local Health Plans of California commended the Board, its staff and the dental plans on their success, as indicated, by results of the HFP 2010 Dental Quality Report. He said that, if standards are applied consistently, fairly and transparently over time by an active purchaser, good things can be accomplished and stated that this report reflects a moment of success for MRMIB and its staff in improving coverage.

The HFP 2010 Dental Quality Report can be found at:

http://www.mrmib.ca.gov/MRMIB/Agenda_Minutes_050912/Agenda_Item_11.b._2010_Dental_Quality_Report.pdf

Enrollment Simplifications

Mr. Sanchez reported on Agenda Item 11.c, Enrollment Simplifications. The report included continuing efforts of staff and the administrative vendor to simplify enrollment processes. The program has a toll-free line and interactive voice response system or IVR. A new option for this year's open enrollment allows the applicant to make a plan transfer request in an automated queue or through a customer assistance representative. This is in lieu of mailing in the plan transfer request during open enrollment. This is part of a continuing effort to simplify provision of missing information, such as answering the employer-sponsored insurance question or providing an address or a telephone number update. In certain circumstances, such as when a child passes on, families may make disenrollment requests through customer assistance representatives in order to lessen their burden. The IVR system allows applicants to access information on subscribers' account balances, current application status, request HFP forms or plan transfers outside the open enrollment process.

Chairman Allenby asked if there were any questions or comments from the Board or the audience. There were none.

CHIP Reauthorization Implementation

There was no report for this agenda item.

COUNTY CHILDREN'S HEALTH INSURANCE PROGRAM (C-CHIP)

Authorization of Contract Extensions and Amendments

Tony Lee reported on Agenda Item 12.a, the Authorization of Contract Extensions and Amendments for the County Children's Health Insurance Program or C-CHIP. Mr. Lee requested that the Board authorize the resolution included in Agenda Item 12.a, which would authorize staff to execute a one-year contract extension and amendments with the C-CHIP counties. There was a motion and a second to authorize the resolution included in Agenda Item 12.a. The motion was unanimously approved.

The C-CHIP Resolution Authorizing Contract Extensions and Amendments is located at:

http://www.mrmib.ca.gov/MRMIB/Agenda_Minutes_050912/Agenda_Item_12.a_C-CHIP_Resolution.pdf

ACCESS FOR INFANTS AND MOTHERS (AIM) UPDATE

Final Adoption of Regulations Related to AIM Paid Surrogacy Exclusion

Ms. Badley presented Agenda Item 13.a, Final Adoption of Regulations Related to AIM Paid Surrogacy Exclusion to the Board for approval. She indicated that the regulations proposed for final adoption were the same regulations that the Board had adopted for MRMIP. There was a motion and second to approve the resolution included in Agenda Item 13.a, adopting the regulations related to AIM Paid Surrogacy Exclusion. The motion was unanimously adopted by the Board.

The Resolution Related to AIM Paid Surrogacy Exclusion is located at:

[http://www.mrmib.ca.gov/MRMIB/Agenda_Minutes_050912/Agenda_Item_13.a. ER_5_11_Final_Adoption_of_AIM_Paid_Surrogacy_Exclusion_Regulations.pdf](http://www.mrmib.ca.gov/MRMIB/Agenda_Minutes_050912/Agenda_Item_13.a_ER_5_11_Final_Adoption_of_AIM_Paid_Surrogacy_Exclusion_Regulations.pdf)

Chairman Allenby asked Ms. Casillas if there was any further business to bring before the Board. She said there was not.

The meeting was adjourned at 12:18 p.m.